

PSJ3

Exhibit 55



ONCOLOGY GRAND ROUNDS

Spring Series

March 24, 1992

SPEAKER: LEONARD GOMELLA, MD
Assistant Professor
Department of Urology
Jefferson Medical College, Philadelphia, PA

TOPIC: **UPDATE ON THE TREATMENT OF PROSTATE CANCER AND THE ROLE OF PROSTATE CANCER SCREENING**

April 28, 1992

SPEAKER: ROBERT KYLE, MD
Professor of Medicine/Laboratory Medicine
Mayo Foundation
Pittsburgh Cancer Institute

TOPIC: **OVERVIEW AND UPDATE ON THE DISEASE AND TREATMENT OF MULTIPLE MYELOMA**

May 26, 1992

SPEAKER: KATHLEEN M. FOLEY, MD
Chief, Pain Service
Department of Neurology
Memorial Sloan Kettering Cancer Center

TOPIC: **MANAGEMENT OF CANCER PAIN**

Time: Noon

Location: Security Conference Room, JFK Medical Center
65 James Street, Edison, NJ

THIS PRESENTATION IS SUPPORTED BY THE LORRAINE OLECKNA MEMORIAL CANCER RESEARCH FUND (AFFILIATED WITH THE JFK MEDICAL CENTER FOUNDATION)
JFK MEDICAL CENTER IS ACCREDITED BY THE MEDICAL SOCIETY OF N.J. TO GRANT ONE HOUR OF CATEGORY I CREDITS FOR THIS ACTIVITY, AMA, AAPP.

Please R.S.V.P. by filling out the form below and returning it by March 15 to:

Carol Simon, Cancer Registry, JFK Medical Center
65 James Street, Edison, NJ 08818

- Yes, I will be attending the **March 24** spring program.
- Yes, I will be attending the **April 28** spring program.
- Yes, I will be attending the **May 26** spring program.

NAME _____

ADDRESS _____

PHONE # _____ AFFILIATION _____

8112640772
PDD1701924912

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PKY181128168

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IMPORTANT MESSAGE			
FOR	Terry		
DATE	5-7	TIME	10:15 <input checked="" type="radio"/> AM <input type="radio"/> PM
WHILE YOU WERE OUT			
M	Carol Simon		
OF	JFK		
PHONE NO. _____			
TELEPHONED	X	PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL			
MESSAGE			
<p>We should pay her directly (Kathleen Foley)</p>			
SIGNED _____			
PRINTED IN U.S.A.		L1-A234	

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IMPORTANT MESSAGE			
FOR	Terry		
DATE	5-7	TIME	9:10 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
WHILE YOU WERE OUT			
M	Carol Simon		
OF	JFK - Edison, NJ		
PHONE NO.	908-321-7740		
TELEPHONED	X	PLEASE CALL	X
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
REURNED YOUR CALL			
MESSAGE	Re: Kathleen Foley talk on 5-26		
2) Paula Mollica 2) needs Eastern Region Speaker's list - didn't get one			
SIGNED	Associate L1-A2334		
PRINTED IN U.S.A.			

8112640775
PDD1701924915

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CHECK REQUESTCompany name: PFDate: June 11, 1992To: Kathleen Foley, M.D.Mem Sloan Kett/1275 York Ave/Box 52New York, NY 10021For: JFK Medical Center (Edison, NJ)
Speakers Bureau - (LB 6348) on 5-26-92

	ORACLE	
VENDOR #	INVOICE #	
EDP-A/P		
VENDOR #	BATCH #	
VOUCHER #	ACCTG. PERIOD	

1099 TAX INFORMATIONPayee's ID Number: SS#

Expense Distribution:

1099: \$ 750.00 EXPENSE: \$ 9.00

*Completion required for all 1099 applicable payments.

Amount: 759.00Requested by Terry NewellApproved by Terry NewellGca. Ledger Account No: 486-7130PLEASE FORWARD CHECK TO: Terry Newell8112640776
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THE PURDUE FREDERICK COMPANY -- SPEAKER FOLLOW-UP FORM

T. NEWELL

Track No.: LB 6348

Speaker: Kathleen Foley, M.D. Soc Sec # JUN 01 1992

Mailing Address: Memorial Sloan Kettering Cancer Center/1275 York Ave/Box 52

Location/Street

New York, NY 10021

City/State/Zip Code

Meeting: Date: 05-26-92 Location: J.F.K. Medical Center
Edison, New Jersey

Topic Of Presentation:

Financial: Honorarium: \$ 750.00

Travel Expenses:

Mileage (\$0.22/mile):

Tolls/Parking:

7.00

Hotel:

Meals:

Other:

Grand Total: \$ 759.00

Program Assessment: On a scale of 1 (poor) to 5 (excellent) please rate: Audience Size

Audience Reaction: good Audience Knowledge Of Topic:How Helpful Was PF Representative To You: very

In a few words, please give us your overall impression of this program:

Hospital very interested in a pain program.Signed: Kathleen Foley Date: 5/26/928112640777
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SPEAKERS BUREAU CONFIRMATION RECORD

Logged _____
Eval _____

**Date Request
Received**

Tracking
No. 6348

Requesting
Rep.
L. Butts

Talk
Approved

Talk
Date
5/26/92

Speaker: Foley
10021

Date of Confirmation
with Institution 5/7

Notes:

Lm 4/9
Lm 5/5
Lm 5/7

Date of Confirmation
with Speaker 4/9

Confirm Letter 5/9

Notes:

4/9 - all set

**Date of Confirmation
with Rep** _____

Notes:

Reminder Target: _____
Reminder Actual: _____

Thank You Target: 6/9
Thank You Actual: _____

Speaker Bureau ()
Corporate ()

Honorarium for this Talk:
\$750

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PAYOR		VENDOR NO.	VENDOR NAME			CHECK NO.	PAGE NO.
THE PURDUE FREDERICK COMPANY		A014155	FOLEY KATHLEEN, M.D.			112800	1
COMPANY	INVOICE DATE	INVOICE NO.	VOUCHER NO.	GROSS AMOUNT	DISCOUNT	NET AMOUNT	
0101	06/11/92	FOL0611	023905	759.00	.00	759.00	
REMITTANCE ADVICE			TOTAL PAYMENT			759.00	

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